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Bib Data Sheet

CONFIRMATION NO. 4107

<b>SERIAL NUMBER</b> 10/705,218	<b>FILING OR 371(c) DATE</b> 11/12/2003 <b>RULE</b>	<b>CLASS</b> 430	<b>GROUP ART UNIT</b> 1756	<b>ATTORNEY DOCKET NO.</b> 081468-0306625
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## APPLICANTS

Keith Frank Best, Prunedale, CA;  
 Joseph J. Consolini, Costa Mesa, CA;  
 Alexander Friz, San Jose, CA;

\*\* CONTINUING DATA \*\*\*\*\* *me*

\*\* FOREIGN APPLICATIONS \*\*\*\*\* *WD*

EUROPEAN PATENT OFFICE (EPO) 02257846.2 11/13/2002

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 02/10/2004

Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 3	<b>TOTAL CLAIMS</b> 26	<b>INDEPENDENT CLAIMS</b> 2
35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after				
Verified and Acknowledged <i>[Signature]</i> Examiner's Signature	<i>WD</i> Initials			

## ADDRESS

909

## TITLE

Alternate side lithographic substrate imaging

<b>FILING FEE RECEIVED</b> 1058	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees ( Filing )
		<input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )
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<b>** CONTINUING DATA *****</b> <i>me</i> <i>no</i>				
<b>** FOREIGN APPLICATIONS *****</b> EUROPEAN PATENT OFFICE (EPO) 02257846.2 11/13/2002 <i>O.K.</i>				
<b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 02/10/2004				
Foreign Priority claimed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 35 USC 119(a-d) conditions met <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Verified and /DABORAH CHACKO DAVIS/ Acknowledged Examiner's Signature	<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWINGS</b> 3	<b>TOTAL CLAIMS</b> 26
<b>INDEPENDENT CLAIMS</b> 2				
<b>ADDRESS</b> PILLSBURY WINTHROP SHAW PITTMAN, LLP Eric S. Cherry - Docketing Supervisor P.O. BOX 10500 MCLEAN, VA 22102 UNITED STATES				
<b>TITLE</b> ALTERNATE SIDE LITHOGRAPHIC SUBSTRATE IMAGING				
<b>FILING FEE RECEIVED</b> 1058	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	